

* N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		123 State Index No. 492	
County of <u>Gila</u>	District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____	or City of <u>Globe</u>	Co. Register No. <u>35</u>	
(No. _____ St; _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Joseph Duntou</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>10</u>
Date of Birth <u>Feb 10</u> 191 <u>5</u>		Legiti-mate? <u>Yes</u>	
FATHER		MOTHER	
Full Name <u>Charles Duntou</u>		Full Maiden Name <u>Lupe Parada</u>	
Residence <u>Globe</u>		Residence <u>Globe</u>	
Color or Race <u>White</u>		Color or Race <u>Mexican</u>	
Age at last Birthday <u>44</u> (Years)		Age at last Birthday <u>40</u> (Years)	
Birthplace <u>Denver, Colo.</u>		Birthplace <u>Louora, Mexico</u>	
Occupation <u>Labour</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>10</u>		Number of children, of this mother, now living <u>9</u>	
Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Feb 10</u> 191 <u>5</u> , at <u>4:30 A.M.</u>			
{ *When there is no attending physi- cian or midwife, then the householder should make this return.		(Signature) <u>Chas M. D.</u>	
Given or christian name added from a supplemental report _____ 191____		Address <u>Globe, Arizona</u>	
Filed <u>Feb 11</u> 191 <u>5</u>		LOCAL REGISTRAR.	
A True Copy		COUNTY REGISTRAR.	
Filed <u>Mar 6</u> 191 <u>5</u>			
COUNTY REGISTRAR.			